STATE of MAINE EMERGENCY / DISASTER

SITUATION REPORT

1	Date: Ti	me:	Report #	
2	Reporting Jurisdiction:			
3	Type of Occurrence:			
	☐ Severe Storm ☐ Transportate			
	☐ Flood ☐ Forest Fire		☐ Urban Fire	□ Other
4	Time of Occurrence:	Location:		
5	Direction & Control:			
	EOC Activated □ Y □ N	A	ctivation Level or # Staff	
	POC (name/title) On Emergency Power \square Y \square N			
	Contact Information:			
	□ Phone(s)		Fax	
	Radio(s) Other			
	Has local state of emergency been proclaimed? □ Y □ N			
	Areas Included:			
6	Weather Data:			
0	□ Clear □ Rain □ Freezing Rain/Ice □ Snow □ Fog			
	Cloud Cover: □ 0% □ 25% □ 50% □ 75% □ 100%			
	Air inversion present \Box Y \Box N			
	Temp Wind Speed MPH Wind Direction Wind Chill O			
	Pre-Event Rain/Snow Amount "Since last SITREP "Event Total Accumulation			
7	Emergency Public Information / Alerting / Warning:			
	Has a fanout been accomplished □ Y □ N Are media briefings being held □ Y □ N Next			
	Has Emergency Public Information been disseminated: □ Y □ N When:			
	Method(s) Area(s) Covered:			
	General Content/Actions:			
	General Content/retions.			
	D 1 1 7 100 1 107 1	·	Y . 1	
8	Population Effects/Sheltering:		Injured Missing	Evacuated
	□ Evacuations Ordered From/To or Area Affected			
	Shelters: (location, capacity, status)			
	Location(s),,			
	# Shelters Open Total Occupancy			
	☐ In place sheltering ordered ☐ Curfew in effect (to)			

	Jurisdiction:				
9	SIT REP Summary/Notes/Comments:				
10	Infrastructure Impacted:				
	Major Roads/Highways/Bridges Closed:				
	Water/Sewer/electrical:				
	Airports/Railways/Ports/Other Closures:				
	Communications - towers, telephones:				
11	Emergency Services: (Fire, EMS, Law Enforcement, Public Works, Hospitals, Volunteers, etc.)				
	General Activities:				
	Depts./Facilities/Equipment out of service:				
	Mutual Aid Activities:				
12	Damage Assessment: Underway □ Y □ N Form 7's to be submitted.				
	Estimated % Complete: Public				
	Estimated % Complete: Private				
	Estimated % Complete: Homes				
	Estimated % Complete: Business/Economic				
13	_Assistance Required:				
	If assistance is required please attach a completed Request for Assistance				
14	Prepared By: Approved: Time Sent:				
	Delivery Method:				
	□ Voice □ Fax □ email □ Packet Radio □ Courier □ Modem				

THE CONTENT OF THIS FORM IS INFORMATIONAL ONLY AND DOES NOT CONSTITUTE A REQUEST OF ANY TYPE

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